

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	DMK	19169	8/10/80
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

09/579, 719

✓ Rejected
 - Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	2/1/83
2	✓	✓	2/1/83
3	✓	✓	2/1/83
4	✓	✓	2/1/83
5	✓	✓	2/1/83
6	✓	✓	2/1/83
7	✓	✓	2/1/83
8	✓	✓	2/1/83
9	✓	✓	2/1/83
10	✓	✓	2/1/83
11	✓	✓	2/1/83
12	✓	✓	2/1/83
13	✓	✓	2/1/83
14	✓	✓	2/1/83
15	✓	✓	2/1/83
16	✓	✓	2/1/83
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25	✓	✓	2/1/83
26	✓	✓	2/1/83
27	✓	✓	2/1/83
28	✓	✓	2/1/83
29	✓	✓	2/1/83
30	✓	✓	2/1/83
31	✓	✓	2/1/83
32	✓	✓	2/1/83
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42	✓	✓	2/1/83
43	✓	✓	2/1/83
44	✓	✓	2/1/83
45	✓	✓	2/1/83
46	✓	✓	2/1/83
47	✓	✓	2/1/83
48	✓	✓	2/1/83
49	✓	✓	2/1/83
50	✓	✓	2/1/83

Claim	Final	Original	Date
51	✓	✓	2/1/83
52	✓	✓	2/1/83
53	✓	✓	2/1/83
54	✓	✓	2/1/83
55	✓	✓	2/1/83
56	✓	✓	2/1/83
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62	✓	✓	2/1/83
63	✓	✓	2/1/83
64	✓	✓	2/1/83
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74	✓	✓	2/1/83
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76	✓	✓	2/1/83
77	✓	✓	2/1/83
78	✓	✓	2/1/83
79	✓	✓	2/1/83
80	✓	✓	2/1/83
81	✓	✓	2/1/83
82	✓	✓	2/1/83
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84	✓	✓	2/1/83
85	✓	✓	2/1/83
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97	✓	✓	2/1/83
98	✓	✓	2/1/83
99	✓	✓	2/1/83
100	✓	✓	2/1/83

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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